

*Prepared by and return to:*  
*David F. Delgado, Attorney*  
*DELGADO LAW FIRM, PLLC*  
*5779 Getwell Road, Bldg. D, Suite 5*  
*Southaven, MS 38672*  
*662-536-2120*  
*MS Bar No. 99983*  
*12-05-0068*

Address of Grantor:  
Patsy Gullick Knight  
5786 Lee's Crossing  
Olive Branch, MS 38654  
Residence Phone: 662-420-7207  
Business Phone: n/a

Address of Grantor:  
June Gullick Bright  
446 Parks Rd.  
Coldwater, MS 38618  
Residence Phone: 662-622-7767  
Business Phone: n/a

Address of Grantee:  
Malcom E. McDonald  
7592 Bethel Rd.  
Olive Branch, MS 38654  
Residence Phone: 901-409-8270  
Business Phone: n/a

Address of Grantor:  
Glen D. Gullick  
7736 Bethel Rd.  
Olive Branch, MS 38654  
Residence Phone: 662-895-2661  
Business Phone: n/a

Address of Grantor:  
Sherry Gullick Smith  
588 County Rd. 54  
Water Valley, MS 38965  
Residence Phone: 662-473-9499  
Business Phone: n/a

Indexing Instructions: Lot 20, Section B, A.E. Allison Subdivision, located in Section 20, Township 2 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 7, Pages 42-43, in the Chancery Clerk's Office of DeSoto County, Mississippi.

#### WARRANTY DEED

**ESTATE OF NELLIE GULLICK, DECEASED**

**GRANTOR**

**TO**

**MALCOM E. MCDONALD,  
A Married Person,**

**GRANTEE**

**FOR AND IN CONSIDERATION** of the sum of Ten Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and

sufficiency of all of which is hereby acknowledged, **ESTATE OF NELLIE GULLICK, DECEASED**, does hereby grant, bargain, sell, convey and warrant unto **MALCOM E. MCDONALD A Married Person**, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 20, Section B, A.E. Allison Subdivision, located in Section 20, Township 2 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 7, Pages 42-43, in the Chancery Clerk's Office of DeSoto County, Mississippi.

By way of explanation, title to the aforementioned property was obtained by B.F. Gullick, Jr. and wife, Nellie Gullick. B.F. Gullick, Jr., having died on July 11, 2010, leaving as the survivor of a tenancy by the entirety, his wife, Nellie Gullick. A copy of B.F. Gullick, Jr.'s death certificate is attached for reference. The said Nellie Gullick having died on September 8, 2011. Nellie Gullick's Estate is probated under Cause No. 11-CV-1974. A copy of Nellie Gullick's death certificate is attached for reference.

**TO HAVE AND TO HOLD** unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following: subdivision and zoning regulations in effect in DeSoto County, Mississippi, to rights of way and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision. Taxes for the year of 2012 will be paid by the Grantee when due. Possession is to be given upon delivery of the deed.

**WITNESS** our signatures this the 13<sup>th</sup> day of August, 2012.

Estate of Nellie Gullick, Deceased

BY: Glen D. Gullick  
Glen D. Gullick, Individually as Heir  
and as Co-Executor

BY: Patsy Gullick Knight  
Patsy Gullick Knight, Individually as Heir  
and as Co-Executrix

BY: June Gullick Bright  
June Gullick Bright, as Heir

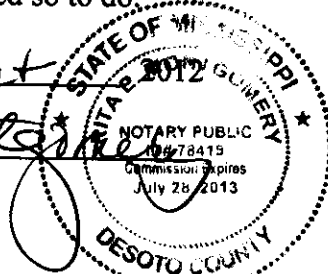
BY: Sherry Gullick Smith  
Sherry Gullick Smith, as Heir

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **Glen D. Gullick, Individually as Heir and as Executor of the Estate of Nellie Gullick, Deceased** and acknowledged that he, acting individually and as Executor for **Estate of Nellie Gullick, Deceased**, and that in said Executor capacity, executed the above and foregoing instrument, on behalf of himself and **The Estate of Nellie Gullick, Deceased** and acknowledged that he executed the same as the free act and deed of himself and said **Estate of Nellie Gullick, Deceased**, after first having been duly authorized so to do.

WITNESS my Notarial Seal at office this 13<sup>th</sup> day of August

*Rita E. Montgomery*  
Notary Public



My Commission Expires: 7-28-13

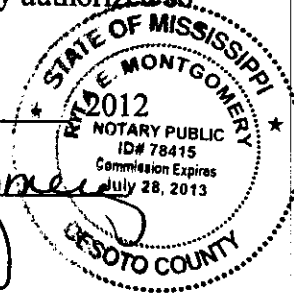
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STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **Patsy Gullick Knight, Individually as Heir and as Executrix of the Estate of Nellie Gullick, Deceased** and acknowledged that she, acting individually and as Executrix for **Estate of Nellie Gullick, Deceased**, and that in said Executrix capacity, executed the above and foregoing instrument, on behalf of herself and **The Estate of Nellie Gullick, Deceased** and acknowledged that she executed the same as the free act and deed of herself and said **Estate of Nellie Gullick, Deceased**, after first having been duly authorized so to do.

WITNESS my Notarial Seal at office this 13<sup>th</sup> day of August

*Rita E. Montgomery*  
Notary Public



My Commission Expires: 7-28-13

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STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for said State and County, on this the 26<sup>th</sup> day of July, 2012, within my jurisdiction the within named **June Gullick Bright** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) who acknowledge that she executed the above and foregoing instrument.

*Rita E. Montgomery*  
Notary Public



My Commission Expires: 7-28-13

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STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for said State and County, on this the 2<sup>nd</sup> day of July, 2012, within my jurisdiction the within named **Sherry Gullick Smith** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) who acknowledge that she executed the above and foregoing instrument.

*Rita E. Montgomery*  
Notary Public



My Commission Expires: 7-28-13

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

10084633

FILING  
DATE SEP 26 2011CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER 13-2011-019949

1. NAME First Middle Last <b>Nellie Gullick</b>		2. SEX <b>Female</b>	3a. HOUR OF DEATH <b>0530 am</b>	3b. DATE OF DEATH (Month, Day, Year) <b>September 8, 2011</b>	
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>	5a. AGE AT LAST BIRTHDAY <b>92</b> Years	ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) <b>April 27, 1919</b>	
7. STATE OF BIRTH <b>Alabama</b>		8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Decedent's home			
9a. FACILITY NAME (If not a facility, give street address, room number, or other location) <b>7736 Bethel Road</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Olive Branch</b>		9c. COUNTY OF DEATH <b>DeSoto</b>	
10. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>High School (12)</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>	
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		15. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
16a. USUAL OCCUPATION (Kind of work done most of working life) <b>Homemaker</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>			
17a. RESIDENCE - STATE <b>Mississippi</b>		17b. COUNTY <b>DeSoto</b>		17c. CITY OR TOWN <b>Olive Branch</b>	
17d. INSIDE-CITY LIMITS (Specify the city) <b>No</b>		17e. STREET AND NUMBER OR RURAL LOCATION <b>7736 Bethel Road</b>			
18. FATHER - NAME First Middle Last <b>Henry David Wise</b>		19. MOTHER - NAME First Middle Last <b>Mahalia Jane Shelton</b>			
20a. INFORMANT - NAME (Type or print) <b>Glen Gullick</b>		20b. RELATIONSHIP TO DECEDENT <b>Son</b>		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>7736 Bethel Road, Olive Branch, Mississippi 38654</b>	
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) <b>Burial</b>		21b. CEMETERY/CREMATORY - NAME <b>Shady Grove Cemetery</b>		21c. LOCATION (City and State) <b>Pontotoc County, Mississippi</b>	
21d. FUNERAL HOME - NAME <b>Browning Funeral Home</b>		21e. FUNERAL HOME LICENSE NUMBER <b>FE-53</b>		21f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 510, Pontotoc, Mississippi 38863</b>	
22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>Cheryl Oshner, RN</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>Sept 8, 2011</b>		22c. PRONOUNCED DEAD (Hour) AT <b>0530 am</b>	
23a. CERTIFIER - NAME (Type or print) <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>4942 Pounders Road, Nesbit, Mississippi 38651</b>			
24a. SIGNATURE <b>[Signature]</b>		24b. STATE LICENSE NUMBER <b>MD</b>		24c. TITLE <b>DeSoto CME</b>	
24d. DATE SIGNED (Month, Day, Year) <b>September 16, 2011</b>		24e. DATE SIGNED (Month, Day, Year) <b>September 16, 2011</b>			
25. On the basis of examination and/or investigation, my opinion, death occurred due to the cause(s) and manner as stated.					
26. PART I - Enter the chain of events, disease, injuries, or complications - first directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the cause. List only one cause on each line. DO NOT USE ABBREVIATIONS.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Alzheimer's Disease</b>					
27. PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>No</b>		31b. DATE OF INJURY (Month, Day, Year) <b>No</b>		31c. HOUR OF INJURY <b>No</b>	
31d. INJURY AT WORK (Yes or No) <b>No</b>		31e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <b>No</b>		31f. LOCATION (Street or place number, City or town, State) <b>No</b>	

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

9/28/2011

Judy Moulder  
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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# STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS



09593473

FILING DATE AUG 02 2010

## CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123 2010-015567

1. NAME First: <b>B. F.</b> Middle: <b>GULICK</b> Last: <b>JR</b>		2. SEX <b>M</b>	3a. HOUR OF DEATH <b>01:40A</b>	3b. DATE OF DEATH (Month, Day, Year) <b>JULY 11, 2010</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>	5a. AGE AT LAST BIRTHDAY <b>91</b> Years	5b. MOS <b>ONLY IF UNDER 1 YEAR</b> 5c. DAYS <b>ONLY IF UNDER 1 DAY</b> 5d. HOURS <b>ONLY IF UNDER 1 DAY</b> 5e. MOS <b>ONLY IF UNDER 1 YEAR</b>	6. DATE OF BIRTH (Month, Day, Year) <b>November 24, 1918</b>	7. STATE OF BIRTH <b>MS</b>
8. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> <b>DEATH OCCURRED IN A HOSPITAL</b> <input type="checkbox"/> <b>DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL</b> <input type="checkbox"/> <b>Home</b> <input type="checkbox"/> <b>Nursing home/long term care facility</b> <input type="checkbox"/> <b>Other (Specify)</b>	9a. FACILITY NAME (If not a facility, give street address, route number, or other location) <b>BAPTIST HOSPITAL-DESOTO</b>			
10. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>High School</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Nellie Wise</b>
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Spanish, Mexican, Mexican American, Puerto Rican, etc.) <input type="checkbox"/> <b>No</b>		14. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		15. USUAL OCCUPATION (Kind of work done most of working life) <b>Int. Harvester</b>
16. RESIDENCE - STATE <b>MS</b>	17a. COUNTY <b>Desoto</b>	17b. CITY OR TOWN <b>Olive Branch</b>	17c. STREET AND NUMBER OR RURAL LOCATION <b>7522 Bethel Road</b>	18. STREET AND NUMBER OR RURAL LOCATION <b>7522 Bethel Road</b>
19. FATHER - NAME (First, Middle, Last) <b>B. F. Gullick, Sr.</b>		19. MOTHER - NAME (First, Middle, Last) <b>Eunice Bell Williams</b>		
20a. INFORMANT - NAME (Type or print) <b>Glen Gullick</b>		20b. RELATIONSHIP TO DECEDENT <b>Son</b>		
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Reinterment, etc.) <b>Burial</b>		21b. CEMETERY/CREMATORY - NAME <b>Shady Grove Cemetery Pontotoc, MS</b>		
22a. FUNERAL HOME - NAME <b>Browning Funeral Home 58-C</b>		22b. FUNERAL HOME LICENSE NUMBER <b>FF-145</b>		
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>ISTVAN WOLLAK, MD</b>		23b. PRONOUNCED DEAD (Month, Day, Year) <b>JULY 11, 2010</b>		
24a. CERTIFIER - NAME (Type or print) <b>JEFFERY POUNDERS, CMEI</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>4942 POUNDERS RD, NESBIT, MS 38651</b>		
25a. To the best of my knowledge, death occurred due to (List cause(s) and manner as stated) <b>FAILURE TO THRIVE</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>DIABETES MELLITUS</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>DIABETES MELLITUS</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		25b. On the basis of examination and/or investigation, I am of the opinion, death occurred due to the cause(s) and manner as stated. <b>DIABETES MELLITUS</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>DIABETES MELLITUS</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
26. PART I: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>DIABETES MELLITUS</b>		27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>DIABETES MELLITUS</b>		
28. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at the time of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>		
30a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>UNDETERMINED</b>		30b. DATE OF INJURY (Month, Day, Year) <b>JULY 15, 2010</b>	30c. HOUR OF INJURY <b>01:40A</b>	30d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED <b>FAILURE TO THRIVE</b>
31a. INJURY AT WORK (Yes or No) <b>No</b>		31b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <b>Home</b>		
31c. LOCATION (Street or route number, City or town, State) <b>7522 Bethel Road, Olive Branch, MS</b>		31d. LOCATION (Street or route number, City or town, State) <b>7522 Bethel Road, Olive Branch, MS</b>		

Mississippi State Department of Health

Revised 1-4-08

Form 511

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8/6/2010

Judy Moulder  
STATE REGISTRAR

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